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Bib Data Sheet

CONFIRMATION NO. 3549

SERIAL NUMBER 09/879,442	FILING DATE 06/11/2001  RULE	CLASS 530	GROUP ART UNIT 1654	ATTORNEY DOCKET NO. MXI-321CP
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of PCT/US99/30393 12/10/1999 ✓ AOK

~~which claims benefit of PCT/US99/30393 12/10/1999~~~~and claims benefit of PCT/US99/30393 12/10/1999~~~~and claims benefit of PCT/US99/30393 12/10/1999~~~~and claims benefit of PCT/US99/30393 12/10/1999~~

PCT/US99/30893 claims benefit of:  
 60/111,793 and 60/119,312

This Application claims priority  
 to: 60/211,887 and  
 60/290,448

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 07/26/2001

See Bib data sheet 11/4/04 AOK

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>AOK</i>	BELGIUM	23	117	20

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## TITLE

Enzyme-cleavable prodrug compounds

<p>FILING FEE RECEIVED 3946</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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